



SCOTT WALKER
GOVERNOR
SCOTT A. NEITZEL
SECRETARY

Division of Facilities Development
Post Office Box 7866
Madison, WI 53707-7866
Voice (608) 266-2731
Fax (608) 267-2710

September 19, 2016

Roofed Right America, LLC
429 W Boden St
Milwaukee, WI 53207

RE: Contract Offer Package
Partial Roof Replacement, Nielsen Tennis Stadium
UNIVERSITY OF WISCONSIN / MADISON CAMPUS
Madison, Wisconsin
Project No. 15J2F - All Work

Enclosed, please find the Contract Offer package for the above referenced project that includes:

- A Contract in the amount of **\$407,828.00** offered for your signature.
- Separate 100% Performance Bond and separate 100% Payment Bond to be executed with a Power of Attorney by your bonding company.
- Other required documents including a Request for Subcontractor Approval, Affidavit of Compliance – MBE/DVB Provisions, and Request for Exemption from Submitting Affirmative Action Plan. Please see the attached instructions for more information about these forms.

Please execute these contract documents in accordance with the attached Contract Document Preparation Instructions, the Instructions to Bidders, and the General Conditions of the Contract. Please return all contract documents to the Division of Facilities Development (DFD) at the above address within **ten days** of receipt of this contract offer package. To avoid delays in processing these documents, please have all signatures properly witnessed.

This contract does not become valid or effective for any purpose until all contract documents are approved and executed by the requisite signatory authorities. **Absolutely no work is authorized to commence until you have received an official Notice to Proceed and a copy of the fully executed contract via email from DFD.**

In addition, you are required to provide proof of insurance coverage including general liability, workers compensation, and/or auto insurance that is in full compliance with the terms and conditions of this contract. Your Certificate of Insurance and any related insurance documents do not imply any amendment or alteration to the General Conditions of the Contract for insurance coverage requirements.

You are also required to provide your current Federal Employee Identification Number (FEIN) and the address where we may remit payment for this contract. If this information is not current in our WisBuild system, please submit a new W-9 form via WisBuild, which can be accessed at <http://wisbuild.doa.state.wi.us>.

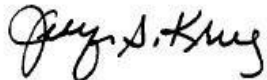
If your contract is over \$50,000, in order to request your first payment from DFD, you must submit an Affirmative Action Plan or a Request for Exemption from Submitting Affirmative Action Plan form. The exemption statement may be filed if your company assigns less than 50 employees to the project, this includes employees at the jobsite and at your administrative office. For information or assistance in developing an acceptable plan, or to electronically submit the Affirmative Action Plan or Exemption Statement form, please email DOADFDAdminServices@Wisconsin.gov. Please reference the project number on all correspondence.

September 19, 2016
Page 2 of 2

The Architect/Engineer will issue construction documents that incorporate any addenda prior to the preconstruction meeting. DFD will distribute one printed copy of the construction documents to the project contacts listed in WisBuild. For your convenience, these documents can be downloaded from WisBuild. Your company is responsible for printing additional copies of the construction documents, plans, and specifications for this project.

Thank you for doing business with the State of Wisconsin Building Program. If you have any questions regarding this information, please contact us via e-mail at DOADFDAdminServices@Wisconsin.gov.

Sincerely,



Jennifer S. Krug
Chief, Contracts and Construction Administration Section
Bureau of Capital Budget and Construction Administration
Division of Facilities Development
Department of Administration

Enclosures

cc: Dave-(PM) Bartelt, DFD Project Manager
Verlyn Boettcher, DFD Construction Coordinator
Lisa Tessman, UNIVERSITY OF WISCONSIN Contact
Chris Velie, MADISON CAMPUS Contact

Contract Document Preparation Instructions

As specified in the bidding documents, the following forms must be submitted to the Division of Facilities Development, P.O. Box 7866, Madison, WI 53707-7866.

Form Name	Instructions
Contract , Performance Bond and Payment Bond (DOA-4504, DOA-4187 and DOA-4188)	<i>If Corporation or Joint Venture:</i> The corporate seal must be affixed to the Contract , Performance Bond, and Payment Bond . If the corporation has no seal, these documents must include a notation stating that the corporation has " <u>no</u> seal." <i>If Partnership:</i> The Contract may be signed by one partner. The performance bond and payment bond must be signed by all partners. <i>If Individual:</i> The Contract , Performance Bond, and Payment Bond can be signed by the individual.
Power of Attorney	Please attach a certified copy of the Power of Attorney from the surety company showing that the agent who signs the performance bond and payment bond has the power of attorney to sign for the surety company. Also, the Power of Attorney must bear the same date as the bonds.
Certificate of Insurance	Please provide proof of insurance for general liability, workers compensation, and/or auto insurance in accordance with the General Conditions of the Contract. Please identify the project name and project number on the Certificate of Insurance.
*Request for Subcontractor Approval (DOA-4225)	Required as specified in the Instructions to Bidders, refer to article titled Subcontractors.
*Affidavit of Compliance - MBE/DVB Provisions (DOA-4266)	Required as specified in the Instructions to Bidders, refer to article titled Minority Business Enterprise and Disabled Veteran-Owned Business Involvement.
*Request for Exemption from Submitting Affirmative Action Plan (DOA-3024A)/Affirmative Action Plan	If your contract is over \$50,000, a Request for Exemption from Submitting Affirmative Action Plan form or an Affirmative Action Plan is required as specified in the General Conditions of the Contract, article titled Nondiscrimination/Affirmative Action.

*These forms are available in the bidding documents or in the Document Library on the DFD web site at <http://www.doa.wi.gov/Divisions/Facilities-Development/Document-Library/DFD-Forms>



CONSTRUCTION CONTRACT

Date 9/19/2016

Project No. 15J2F

Contract No. 18229

THIS AGREEMENT is between the State of Wisconsin by its Department of Administration, represented by its Division of Facilities Development, herein called "DFD", and **Roofed Right America, LLC** doing business as a **LLC (Limited Liability Corporation)** in **Milwaukee, Wisconsin** hereinafter called "CONTRACTOR".

WITNESSETH: That for and in consideration of the payments and arrangements hereinafter mentioned, to be directed by DFD, the CONTRACTOR will commence and complete the construction described as follows:

**All Work for Partial Roof Replacement, Nielsen Tennis Stadium,
located at UNIVERSITY OF WISCONSIN, MADISON CAMPUS, Madison, Wisconsin**

Base Bid No. 1	<u>\$407,828.00</u>
Contract Total	<u>\$407,828.00</u>

hereinafter called the "Project", for the sum of **Four Hundred Seven Thousand Eight Hundred Twenty Eight and no/100 dollars (\$407,828.00)** and all other work in connection therewith, under the terms as stated in the Contract Documents; and at the CONTRACTOR's own proper cost and expense to furnish all materials, supplies, machinery, equipment, tools, superintendence, labor, insurance, and other accessories and services necessary to complete the said Project in accordance with the conditions and prices stated in the Bid Form, Bidding and Contract Requirements, the drawings which include all maps, plats, plans, and other drawings and printed or written explanatory matter thereof, and the technical portion of the specifications therefor; as prepared by **Facility Engineering Inc, 101 Dempsey Rd, Madison, WI, 53714** herein called the A/E, and as enumerated in the Specification's Table of Contents, all of which are made a part hereof and collectively evidence and constitute the Contract Documents.

The CONTRACTOR hereby agrees to commence work under this Contract on or after a date to be specified in a written "Notice to Proceed" and to complete this work **within 102 consecutive calendar days thereafter.**

DFD agrees to have the CONTRACTOR paid in current funds for the performance of the contract subject to additions and deductions, as provided in the General Conditions of the Contract, and to authorize payments on account thereof as provided in the Article entitled, "Payments to Contractor" of the General Conditions.

DFD has the delegated power and duty pursuant to Sec. 16.85(l), to act on all matters and for all purposes under this Contract; including additions and modifications therein incorporated.

Date 9/19/2016
Project No. 15J2F
Contract No. 18229

IN WITNESS WHEREOF, DFD AND THE CONTRACTOR have executed this contract.

CONTRACTOR:

(Seal)

**Roofed Right America, LLC
429 W Boden St
Milwaukee, Wisconsin 53207**

By _____
Signature Date

Printed Name

Secretary of Corp. Title

Witness Employer Number (FEIN) or Social Security Number

This Contract is not valid or effective for any purpose until executed by all parties, and no work is authorized until the CONTRACTOR has been given Notice to Proceed by DFD.

Approved

Approved (if Contract is over \$150,000)

Administrator, Division of Facilities Development Date Governor of Wisconsin Date

Note: If Contractor is a corporation, Secretary should attest. In accordance with current Federal IRS Regulations, all service provider entities are required to submit either their Employer Number or Social Security Number in order to receive payment for services rendered. The State of Wisconsin requests Tax ID numbers for all entities providing either goods or services, to facilitate approved payments to vendors in accordance with certain State Statutes and/or Administrative Rules.

This form can be made available in accessible formats upon request to qualified individuals with disabilities.



PERFORMANCE BOND (100%)

This Surety Bond instrument is hereby executed to guarantee performance of a proposed contract between the herein named Principal and the State, dated September 19, 2016, a copy of which is hereto attached and made a part hereof, herein called "Contract," for the construction of

Project Title **Partial Roof Replacement, Nielsen Tennis Stadium**

Project Location **UNIVERSITY OF WISCONSIN / MADISON CAMPUS / Madison**

Project Number **15J2F** Contract For Work **All**

KNOW ALL PEOPLE BY THESE PRESENTS that **Roofed Right America, LLC**
of **Milwaukee, Wisconsin** as contractor, herein called "Principal", and

_____ of
Name of Surety

_____ as
City and State

Surety, herein called "Surety", are held firmly bound to the State of Wisconsin, for the Department of Administration, Division of Facilities Development herein called "the Owner", in the amount of **\$407,828.00** for the faithful performance of the Contract as hereinafter set forth. For the payment of which, well and truly to be made, we bind ourselves, our heirs, successors, executors, and administrators, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION is such that if the said bounded Principal shall promptly and faithfully perform and fulfill all the undertakings, covenants, terms, conditions, and agreements of the Contract, in all respects, and within the time prescribed in the Contract (or as such time may be extended as provided in the Contract), and shall indemnify and save harmless the Owner, its officers, employees and agents against any direct or indirect damages of every kind and description that shall be suffered or claimed to be suffered in connection with or arising out of the performance of the Contract by Principal or its subcontractors, and shall in all respects perform the Contract according to law, then this obligation shall be void; otherwise it shall be and remain in full force and effect.

FURTHER, that no final settlement between the Owner and the Principal shall abridge the right of any beneficiary hereunder, whose claim may be unsatisfied.

FURTHER, that no change, extension of time, alteration or addition to the work to be performed, or amount of, the Contract shall in any way affect Principal's or Surety's obligations on this bond, and Surety does hereby waive notice of any change, extension of time, alterations or additions thereunder.

PROVIDED, FURTHER, that the undersigned states that pursuant to express authority the corporate seal affixed to this instrument is the seal of this surety company, that the seal was affixed and this instrument was executed for and on behalf of this surety company; that authority has not been revoked by this surety company; that this instrument was executed as the free act and deed of this surety company; that the certificate of authority from the Commissioner of Insurance showing authority of this surety company to transact business in the State of Wisconsin has been obtained and will be provided to the Owner upon request; and further, that this surety bond was written through an agent duly licensed as such on the date thereof.

By _____
Corporate Secretary Signature
(SEAL)

By _____
*Corporate Secretary Signature

(SEAL)

*If signatory is a corporation, Secretary of corporation shall attest, otherwise leave blank.



PAYMENT BOND (100%)

This Surety Bond instrument is hereby executed to guarantee performance and payment of a proposed contract between the herein named Principal and the State, dated September 19, 2016, a copy of which is hereto attached and made a part hereof for the construction of

Project Title **Partial Roof Replacement, Nielsen Tennis Stadium**

Project Location **UNIVERSITY OF WISCONSIN / MADISON CAMPUS / Madison**

Project Number **15J2F** Contract For Work **All**

KNOW ALL PEOPLE BY THESE PRESENTS that **Roofed Right America, LLC**
of **Milwaukee, Wisconsin** as contractor, herein called "Principal", and

_____ of
Name of Surety

_____ as
City and State

Surety, herein called "Surety", are held firmly bound to the State of Wisconsin, for the Department of Administration, Division of Facilities Development herein called "the Owner", in the amount of **\$407,828.00** for the payment of all claims, costs, charges and other amounts arising in connection with, or related to, the Contract as hereinafter set forth. For the payment of which, well and truly to be made, we bind ourselves, our heirs, successors, executors, and administrators, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION is such that if the said bounded Principal shall promptly make payment pursuant to Section 779.14 of the Wisconsin Statutes to all persons who supply labor and material to said project in the prosecution of the work arising in connection with, or related to, the Contract, and shall pay all other just debts, dues and demands incurred in the performance of the Contract, and shall indemnify and save harmless the Owner, its officers, employees and agents against any direct or indirect damages of every kind and description that shall be suffered or claimed to be suffered as the result of Principal's failure to pay any amounts in connection with, or related to, the Contract, then this obligation shall be void; otherwise it shall be and remain in full force and effect.

FURTHER, labor performed and materials furnished, used or consumed in making the public improvement or performing the public work, include, without limitation because of enumeration, fuel, lumber, building materials, machinery, vehicles, tractors, equipment, fixtures, apparatus, tools, appliances, supplies, electric energy, gasoline, motor oil, lubricating oil, greases, state imposed taxes, premiums or worker's compensation insurance and contributions for unemployment compensation.

FURTHER, that no final settlement between the Owner and the Principal shall abridge the right of any beneficiary hereunder, whose claim may be unsatisfied.

FURTHER, that no change, extension of time, alteration or addition to the work to be performed, or amount of, the Contract shall in any way affect Principal's or Surety's obligations on this bond, and Surety does hereby waive notice of any change, extension of time, alterations or additions thereunder.

PROVIDED, FURTHER, that the undersigned states that pursuant to express authority the corporate seal affixed to this instrument is the seal of this surety company, that the seal was affixed and this instrument was executed for and on behalf of this surety company; that authority has not been revoked by this surety company; that this instrument was executed as the free act and deed of this surety company; that the certificate of authority from the Commissioner of Insurance showing authority of this surety company to transact business in the State of Wisconsin has been obtained and will be provided to the Owner upon request; and further, that this surety bond was written through an agent duly licensed as such on the date thereof.

IN WITNESS WHEREOF, this instrument is executed this the ____ day of _____, 20____.

FOR THE PRINCIPAL

By _____
Corporate Secretary Signature
(SEAL)

President, Partner or Individual Signature

Witnessed by _____

Witnessed by _____
Two witnesses must attest above signatures

FOR THE SURETY

By _____
*Corporate Secretary Signature

(SEAL)

Attorney-in-Fact or Authorized Officer
Street or P.O. Box
City, State and Zip Code
Telephone Number
Email Address

(This email address will be used to notify Surety of project start date.)

ACKNOWLEDGEMENT

STATE OF _____)
) ss
COUNTY OF _____)

I, _____, a Notary Public of said County and State, do hereby certify that _____
_____, Attorney-in-Fact or authorized officer of _____,
Name of Surety

who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she signed, sealed and delivered said

instrument for and on behalf of _____ for the uses
and purposes therein set forth. Name of Surety

Given under my hand and notarial seal at my office at _____, _____, in said county,
City State

this _____ day of _____, 20 _____, A.D.

Notary Public

My commission expires _____

This Payment Bond is
APPROVED

Administrator, Division of Facilities Development

*If signatory is a corporation, Secretary of corporation shall attest, otherwise leave blank.

1 **BID FORM – GENERAL PRIME CONTRACTOR (GPC)** (Rev 10/2014)
2 **DIVISION OF FACILITIES DEVELOPMENT**
3 s.16.855 Wis. Stats.
4

5 **PARTIAL ROOF REPLACEMENT**
6 **NIELSEN TENNIS STADIUM**
7 **UNIVERSITY OF WISCONSIN - MADISON**
8 **MADISON, WISCONSIN**
9

10 Division Project No. 15J2F

11
12 **General Prime Contractor (GPC) Bid Opening: 2:00 P.M., AUGUST 24, 2016**

13
14 To: State of Wisconsin, Department of Administration, Division of Facilities Development

15 ~~(a joint venture)~~
16 (a corporation)
17 ~~(a partnership)~~
18 We **ROOFED RIGHT AMERICA** ~~(an individual)~~
19 (Cross out inapplicable)

20 Of **429 W BODEN ST MILWAUKEE MILWAUKEE WI 53207**

21 Street City County State Zip

22
23
24 hereby agree to execute a contract with the Division of Facilities Development (DFD) and a subcontract
25 with all successful MEP Bidders identified by DFD and listed in this bid, and to furnish satisfactory
26 separate 100% Performance Bond and 100% Payment Bond in the amount specified no later than ten (10)
27 days of the contract offer, and to provide all labor and material required for the construction of the project
28 designated above, for the prices hereinafter set forth, in strict accordance with the Contract Documents
29 prepared by Facility Engineering, Inc., 101 Dempsey Rd., Madison, WI 53714 and dated June 9, 2016.
30

31 WisBuild™ Data Information System Contact Instructions:
32 (For use by DFD to offer contract and activate WisBuild™ accounts to the successful
33 bidders)

34 Contact name: **KHARY PENEBAKER**
35
36 Telephone Number: **414-349-5009**
37
38 Email address: **KHARY@ROOFEDRIGHT.COM**
39
40 FAX Number: **414-769-0102**
41
42
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47 **IMPORTANT: BEFORE SUBMITTING YOUR BID, PLEASE VERIFY THAT:**

- 48 1. You have been certified by DOA as a qualified and responsible bidder for the amount of your bid
49 within the division(s) of work being bid.
50 2. You have entered all Bid amounts in numeric characters (Example: \$9,999);
51 3. You have acknowledged receipt of all addenda;
52 4. You have signed the Bid Form
53 5. You have included a valid Bid Guarantee for not less than 10% of the value of the bid as either:
54 a) a Bid Bond signed by the contractor and surety and with a Power of Attorney attached, or
55 b) a Cashier's Check or Bank Check pursuant to Wis stats. s. 779.14(1m)(c)2.b. and 779.14(1s).
56 A Company or Personal Check will not be accepted.
57

1 **SINGLE BASE BID - GENERAL PRIME CONTRACTOR**
2
3 **ALL WORK**
4
5 BASE BID NO 1. ALL WORK required to fully complete the project in accordance with the
6 Contract Documents,
7
8 for the sum of (\$ **407,828**)
9 *Enter bid amount in numeric characters only (Example: \$9,999). See Instructions to*
10 *Bidders 'Article 16 Submission of Base Bids' for detailed instructions.*
11
12 **Base Bid No. 1 includes the bids from the following successful MEP Subcontractors identified by**
13 **DFD for the mechanical, electrical, plumbing, and fire protection divisions of work in this project.**
14 **The General Prime Contractor shall enter into subcontracts with these MEP Subcontractors:**
15
16 **Fire Suppression Base Bid No. 2:**
17 **Identified Subcontractor: NA**
18
19 **Amount: NA**
20
21 **Plumbing Base Bid No. 3:**
22 **Identified Subcontractor NA**
23
24 **Amount: NA**
25
26 **Heating Ventilating and Air Conditioning Base Bid No. 4:**
27 **Identified Subcontractor: NA**
28
29 **Amount: NA**
30
31 **Electrical Base Bid No. 5:**
32 **Identified Subcontractor: NA**
33
34 **Amount: NA**
35
36

1 COMMENCEMENT AND COMPLETION OF CONTRACT WORK

2 The undersigned agrees, if awarded the contract, to enter into a subcontract with the MEP Bidders
3 identified by DFD, and to commence the Contract work on or before a date to be specified in a written
4 Notice to Proceed, and to complete the work in accordance with the project schedule in the Instructions to
5 Bidders.

6
7 ADDENDUM RECEIPT

8 We acknowledge receipt of the following Addenda:

9
10 Addendum No. NA Date _____

11 Addendum No. NA Date _____

12 Addendum No. NA Date _____

13 Addendum No. NA Date _____

14
15
16
17
18 PRIOR TO SIGNING, BIDDERS' ATTENTION IS DIRECTED TO INSTRUCTIONS TO BIDDERS TO
19 AVOID THE POSSIBILITY OF INVALIDATING THIS BID.

20
21 BY SIGNING THIS BID FORM, THE BIDDER ATTESTS TO PERSONAL KNOWLEDGE OF THE
22 FOLLOWING:

- 23
- | | |
|----|---|
| 1. | Bidder is <u>certified</u> by DOA as a qualified and responsible bidder for the amount of the bid submitted, within the division(s) of work being bid. |
| 2. | In accordance with Wis. Stats. 16.855 (13) and (14) and ARTICLE 21 of these Bidding Documents, Bidder agrees to enter into a subcontract with the successful MEP Subcontractors identified by DFD. |
| 3. | Bidder has examined the drawings and specifications, carefully prepared the bid form, and has reviewed all forms in detail before submitting bid; and bidder, or the agents, officers, or employees thereof, have not, either directly or indirectly, entered into any agreement, bid rigging, bid rotation, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this bid. |
| 4. | That all work will be performed at the Bidder's own proper cost and expense, that the Bidder will furnish all necessary materials, labor, tools, machinery, apparatus, and other means of construction in the manner provided in the applicable specifications, and at the time stated in the contract. |

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ROOFED RIGHT AMERICA

(Firm Name)

KHARY PENEBAKER

(Bidder's Printed Name)

(Seal, if bid is by a corporation)

Date: 8-24-2016

By  _____
(Signature of Bidder)

[] Place an "X" in the box if Bidder is certified as a minority business enterprise or disabled veteran-owned business by the Wisconsin Supplier Diversity Program and wishes to be considered for the 5% bidder preference.



Request for Subcontractor Approval

Contractor Name		Project Title
Street Address	PO Box	Location
City	State	ZIP + 4
Contact Person	Phone Number	DFD Project Manager
Prime Contractor Business Certification <input type="checkbox"/> MBE* <input type="checkbox"/> DVB*		Contract Amount \$

The use of any subcontractors for this project must have prior approval by DFD.

☐ Revised Form _____

☐ **No Subcontractors will be used on this project**

Subcontractor Name / Phone Contact Person / Email	City, State	Type of Work/Service	Estimated Contract Amount	MBE*	DVB*
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

* MBE Minority Business Enterprise / DVB Disabled Veteran-Owned Business

☐ Additional Pages Attached

Prepared By:

Signature Date (mm/dd/ccyy)

Printed Name

Title

For DFD Use Only

Screened By Date (mm/dd/ccyy)

- ☐ Subcontractors Approved
☐ Subcontractors Approved Except as Noted

Project Manager Date (mm/dd/ccyy)



Form A — Affidavit of Compliance Minority Business Enterprise (MBE) / Disabled Veteran-Owned Business (DVB) Provisions

Project Title _____

Project Location _____ Project No. _____

The State of Wisconsin has an active Diversity Business Initiative. The purpose of this initiative, in the interest of fairness and equity, is to encourage increased voluntary expenditure of State construction dollars by prime contractors under subcontracts with MBE / DVB firms. **Please refer to the checklist on page 2 of this form which is provided to assist you in this effort.**

To that end, the bidder's commitment for MBE participation on this project is _____% and DVB participation is _____%.

The State of Wisconsin, Department of Administration, Division of Facilities Development reserves the right to reject and disqualify any bidder who does not include this completed form and who fails to comply with the State's bid requirements as outlined in the bid specifications.

I, the apparent low bidder, acknowledge, understand and agree to comply with my commitment for MBE/DVB participation on this contract including submission of all information required.

I attest that, to the best of my knowledge, all of the above information is true and correct.

Dated (mm/dd/ccyy) _____

Authorized Signature

Printed Name

Title

Company Name

Telephone Number

State of _____

County of _____

On this _____ day of _____, 20____, I confirm that _____
Bidder's Name

came before me and signed the document for the purposes stated.

I witness, and set my hand and official stamp or seal.

Notary Public

County, State of _____

My Commission expires _____, 20____

“Good Faith Effort” To Obtain Minority Business Enterprise / Disabled Veteran-Owned Business Participation

All “Yes” boxes must be checked to ensure that a “Good Faith Effort” has been made to obtain MBE participation.

- Have you checked the State of Wis. Minority Business/Disabled Veteran-Owned Business directories?
<http://www.doa.wi.gov> ☐ Yes ☐ No
- Have you made an early (prior to bidding) contact with the Supplier Diversity Program office to solicit their assistance in getting MBE/DVB participation on the project? Tel. (608) 267-7806; Fax (608) 267-0600; email godwin.amegashie@wisconsin.gov . ☐ Yes ☐ No
- Have you provided MBE/DVB firms adequate project information about plans, specifications and requirements pertaining to their work? ☐ Yes ☐ No
- Have you communicated with any MBE/DVB that performs the type of services needed for the project and was there any follow-up? ☐ Yes ☐ No
- Was MBE/DVB participation advertised (newspaper, radio, etc.) for this project? (You may be asked to submit evidence.) ☐ Yes ☐ No
- Did you contact any MBE/DVB trade associations to assist in locating MBE/DVBs or have you made contact with any MBEs/DVBs that may not yet be certified by the State? (You may be asked to verify.) ☐ Yes ☐ No
- Have you determined if there are other possible opportunities for MBE/DVB participation such as suppliers, haulers, etc. or using a group of MBEs/DVBs jointly? ☐ Yes ☐ No
- Have you considered creating a plan of action with the assistance of the Supplier Diversity Program office to ensure that future contracts can have MBE/DVB participation and meet the construction requirements and goals of the State? (These plans may include mentoring, technical support and other innovative opportunities.) ☐ Yes ☐ No
- Did you negotiate in good faith? (You may be asked to verify.) ☐ Yes ☐ No



Request for Exemption from Submitting Affirmative Action Plan Contract Compliance Program

Instructions to Contractor: By satisfying one of the conditions below, the contractor may request an exemption from submitting an Affirmative Action Plan. An exempt contractor must complete this form and return it to the Division of Facilities Development within fifteen (15) working days of the award date of the contract. Unless the contractor is notified otherwise by the Division of Facilities Development, the contractor may assume that the exemption is approved.

*The State of Wisconsin may use the **Social Security Number (SS#)** or **Federal Employer Identification Number (FEIN#)** indicated on this form to identify your organization in the state's "Contract Compliance Directory". This directory is located on a website that is available to State of Wisconsin purchasing offices. We are requesting your approval to include your organization, with the FEIN or SS# on this site. Without this approval, each state agency contracting with you for more than \$50,000 must request contract compliance information from you.

Please indicate your approval for this listing: ☐ Yes ☐ No

Contractor Name		*Federal Employer Identification Number	
Address (Street)		*Social Security Number (use only if you have no employees)	
(P.O. Box)	Contact Name	Contact Phone (Voice) ()	
(City - State - Zip)	Contact Title	Fax ()	
Commodity		E-mail	
Total Contract Amount \$	Award Date	DFD Project Number	

II. Exemption Request: The basis for requesting an exemption is that, as of the award date of the contract, the contractor:

(Check as appropriate)

- ☐ Has a total work force for the project site and administrative staff associated with the project of less than fifty (50) employees, and the contract can be completed without supplementing said work force beyond fifty (50) employees.
- ☐ Is a foreign company with a work force in the United States of less than fifty (50).
- ☐ Is an agency of the Federal Government or a Wisconsin municipality.
- ☐ Has achieved a balanced work force. If requesting an exemption based on this reason, contractor must submit 1) a completed Workforce Analysis Form (DOA-3022), 2) supporting labor market information, and 3) an Equal Employment Opportunity Policy Statement.
- ☐ Has undergone an audit of its Affirmative Action Program within the last year by the Office of Federal Contract Compliance (OFCC) and has received a letter of compliance. (Contractor must attach a copy of its OFCC letter and the contractor's Affirmative Action and Equal Employment Opportunity Policy Statement.)

III. We have posted the notice(s) explaining Wisconsin's contract compliance law. ☐ Yes ☐ No

Authorized Signature

Date (mm/dd/ccyy)

Printed Name

Title

Witness Signature

Date (mm/dd/ccyy)

Printed Name

Title